

Deposit Account Maintenance



Deposit Account Window Help



Deposit Account

Number: 500479

Balance Amount: 42.00

Holder

Name: MEDIMMUNE INC



Address

Attention:

JONATHAN L KLEIN

Street:

35 WEST WATKINS MILL ROAD

Province:

City:

GAITHERSBURG

State:

MD

Postal Code: 20878

Country:

US

Telephone:

240-632-4156

Fax: 301-527-4200

Details

Category Code:

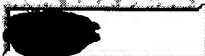
NONGOVNMNT

Type: REGULAR

Notification Amt:

0.00

Access Code:



Status



Active



Closed

WASFAW1

10/13/2005

NOTICE OF FEE DUE

DATE:

10/12/05

TO:

Group

FROM:

Office of Initial Patent Examination

SUBJECT:

Fee Due

APPLICATION NUMBER

09/724,935

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

☐

Insufficient fee by check

☒

Insufficient funds in deposit amount

☐

Insufficient by Credit Card

☐

Declined credit card

☐

Non-authorization for charge to deposit account

☐

No fee submitted per requirement

The correct fee code: _____

Amount \$ _____

The suspended fee code: 1999

Amount \$ _____

The suspended 1622

Amount \$ _____

The suspended 2622

Amount \$ _____

Fee Due

\$ _____

Terminal Operator

Pabel